

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001419

FILED
Apr 21, 2004
Secretary of State

Entity Name: LIFE OF FAITH CHRISTIAN CENTER, INC.

Current Principal Place of Business:

530 NW 189TH TERRACE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 331927
COCONUT GROVE, FL 33233

New Mailing Address:

FEI Number: 65-0567060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, TWANN D
530 NW 189TH TERRACE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIXON, MICHAEL
Address: 530 NW 189TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: VT () Delete
Name: DIXON, TWANN
Address: 530 NW 189TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: TD () Delete
Name: BOYD, CLARICE
Address: 16101 S.W. 107TH LANE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DIXON

PD

04/21/2004

Electronic Signature of Signing Officer or Director

Date